



**Application Form for Admission to the University of Bolton as a RESEARCH STUDENT
for Academic Session 200_/0_**

Your completed application form and any request for further information should be addressed to the Research Student Administrator in your chosen School/Centre, University of Bolton, Deane Road, Bolton, BL3 5AB. Telephone (01204) 903000

Please complete in BLOCK CAPITALS

Title of Proposed Research

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Research Degree desired (please tick the appropriate box. Consult the Research Degree Regulations before you do so)

MPhil PhD via MPhil PhD Direct

Mode of Study (please tick the appropriate box)

Full-Time Part-Time

Surname/Family Name/
Previous Name

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First Names(s)

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Date of Birth

Day	Month	Year
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Gender

M	F
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Age on 1 September in the year of entry

Years	Months
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Nationality

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Correspondence Address

Postcode

Telephone Number
(including code)

Daytime	Evening
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Fax Number if any

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Please give the name and address of the educational institution you are currently attending (if none, please give details of your last educational institution)

Name and Address of Institution

Faculty/Department

Are you attending, or did you attend:

Full-Time

Part-Time

Date Attended from:

to (if you have left):

Month	Year
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Month	Year
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Please list your previous higher education studies and degrees/diplomas awarded or about to be taken

Institution, Award Title and Subject	Grade	Date

Please use this space to give us any other information in support of your application, and a brief outline of your proposed research. You may continue on separate sheets if you wish, but please secure them to the application form.

I confirm that to the best of my knowledge, the information given on this form is correct.

Signed _____

Date

For Office Use Only

Application Number

Date Application Received

Interview Date Notified to Student
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Interview Attended/ Not Attended
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Unconditional Offer/ Conditional Offer/Reject
